



Employment Application

Date of Application: _____

Scott Logistics is committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including, but not limited to, race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other basis recognized by federal, state, or local law.

PERSONAL BACKGROUND

Name: _____
Last First Middle

Preferred Name: _____ Social Security Number: _____

Present Address: _____
Street City State Zip

Phone Number: _____
Home Mobile/Other

POSITION INFORMATION

Position Applying for: _____ Date you can start: _____

Circle One: Part Time Full Time Specify Hours Desired: _____

Salary Desired: _____ Are you willing to work overtime? YES NO

Is there any reason we may not inquire at your present employer or prior employers? YES NO

If yes, _____

Have you worked in any of your previous positions under another name? YES NO

If yes, _____

Have you ever applied at this company before? _____ If yes, where? _____ when? _____

Were you referred to Scott Logistics by anyone currently employed? YES NO

If so, who? _____

Do you have any relatives employed by Scott Logistics? YES NO

If so, _____
Family Member's Name Relationship to you

If driving is a requirement for the position you are applying for, do you have a valid driver's license?

YES NO

Are you able, at the time of employment, to submit verification of your legal right to work in the US? (Verification and completion of Form I-9 must be submitted no later than three business days after date of hire.)

YES NO

Have you been convicted of a felony which is substantially related to the functions or qualification of the position(s) for which you are applying? Note: This question does not apply to convictions which have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment.)

YES NO

If yes, please describe fully the conviction(s), listing the nature of the offence(s) and your rehabilitation since the conviction(s): _____

EDUCATIONAL BACKGROUND

	Name/Location of School	Diploma/Degree Awarded	Major Area of Study
High School			
College, University, or Technical School			
Graduate School			
Other			

Please list any specialized skills or qualifications that may relate to the position you are applying for (computer applications, customer service, telephone skills, negotiating skills, etc.): _____

WORK EXPERIENCE

Please list below your last four employers, starting with your present or last employment. You may include any verifiable work performed on a volunteer basis, internship, or military service.

Date (mo./yr.)		Name and Address of Employer	Salary	Position	Name And Phone # Of Supervisor	Reason for Leaving
From	To					

PLEASE ATTACH YOUR RESUME OR FAX IT TO 706-314-0545.

REFERENCES

Name and Position Company Telephone Number

1. _____
2. _____
3. _____

COMBINED APPLICANT CERTIFICATION, DISCLOSURE NOTICE, AND
AUTHORIZATION REGARDING BACKGROUND CONSUMER REPORTS

Important: Please read carefully before signing.

I understand that this application is not a contract, offer, or promise of employment. I acknowledge that employment with Scott Logistics Corp. is on an employment-at-will basis. This means that my employment with the company can be terminated at any time, with or without cause or advance notice.

Acceptance of employment is not a contract of employment for any specified time. Similarly, I am free to terminate my employment with Scott Logistics Corp. at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the company's president and me.

I further understand that I am responsible for being familiar with the policies, rules, and regulations of Scott Logistics Corp. I further understand that Scott Logistics Corp. has complete discretion to modify its policies, rules, regulations, and practices at any time, to the extent permitted by federal, state, and local law, except that it will not modify its policy of employment at will. By my continued employment with Scott Logistics Corp., I consent to any changes.

I certify that the information in this Employment Application is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information on this form or relating to my application for employment may result in my denial of employment, or if employed, my immediate dismissal.

I understand that Scott Logistics Corp. is a drug-free workplace and as such all applicants are required to pass pre-employment drug screens.

In connection with my application for employment, I understand that consumer reports or investigative consumer reports which may contain public record information may be obtained on me including consumer credit, criminal records, driving record, education, prior employment verification, and others. These reports may include experience information along with reasons for termination of past employment. Said consumer report and/or an investigative consumer report may be obtained at any time during the application process or during my employment with Scott Logistics Corp. I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act.

I understand that I may, upon timely written request of Scott Logistics, and within 5 business days of the request, receive the name, address, and phone number of the reporting agency and the nature and scope of the investigative consumer report that will be obtained.

I understand that any offer of employment is contingent upon the satisfactory results of the pre-employment drug screen and background/credit investigation. I also understand that before any adverse action is taken, based in whole or in part on the information contained in the consumer report, I will be provided with the name, address, and telephone number of the reporting agency, and a summary of my rights under the Fair Credit Reporting Act.

AUTHORIZATION

I hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, court, department of corrections, or other person or agency having knowledge about me to furnish Scott Logistics Corp., its assigned employees, or its vendor(s) authorized for the purpose of performing background investigations, with any and all background information in their possession regarding me, in order that my employment qualifications may be evaluated. A copy of this form and/or facsimile transmission of this form shall be considered as valid as the original signature:

READ, ACKNOWLEDGED, AND AUTHORIZED

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

The following is for identification purposes only in order for us to perform the background check:

Print your full name: _____

Street Address: _____

City, State, & Zip: _____

Social Security Number: _____ Date of Birth (M/D/Y): _____

Driver's License: _____ Gender (M or F): _____
State of Issue Number

Other or Former Names: _____

Professional License(s): _____
State Type Number

THANK YOU FOR YOUR APPLICATION! THE ATTACHED COPY OF YOUR RIGHTS UNDER THE FCRA IS YOURS TO KEEP FOR REFERENCE. AFTER COMPLETING THIS APPLICATION, YOU MAY RETURN IT TO THE REPRESENTATIVE THAT PROVIDED IT TO YOU OR YOU CAN RETURN IT TO THE OFFICE BY FAXING TO 706-314-0545, EMAILING TO hr@scottlogistics.com, OR MAILING TO:

EMPLOYMENT OPPORTUNITIES
SCOTT LOGISTICS CORP.
P.O. BOX 391
ROME, GEORGIA 30162-0391

IF YOU WISH TO CHECK THE STATUS OF YOUR APPLICATION OR HAVE QUESTIONS ABOUT THE PROCESS, YOU MAY CONTACT HUMAN RESROUCES AT 706-314-1184.

FOR YOU TO KEEP

SUMMARY OF RIGHTS UNDER THE FCRA

THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA) IS DESIGNED TO PROMOTE ACCURACY, FAIRNESS, AND PRIVACY OF INFORMATION IF THE FILES OF EVERY “CONSUMER REPORTING AGENCY” (CRA).

MOST CRA’S ARE CREDIT BUREAUS THAT GATHER AND SELL INFORMATION ABOUT YOU – SUCH AS IF YOU PAY YOUR BILLS ON TIME OR HAVE FILED BANKRUPTCY – TO CREDITORS, EMPLOYERS, LANDLORDS, AND OTHER BUSINESSES. YOU CAN FIND THE COMPLETE TEXT OF THE FCRA, 15 U.S.C. 1681-1681U, AT THE FEDERAL TRADE COMMISSION’S WEB SITE ([HTTP://WWW.FTC.GOV](http://www.ftc.gov)). THE FCRA GIVES YOU SPECIFIC RIGHTS, AS OUTLINED BELOW. YOU MAY HAVE ADDITIONAL RIGHTS UNDER THE STATE LAW. YOU MAY CONTACT A STATE OR LOCAL CONSUMER PROTECTION AGENCY OR STATE ATTORNEY GENERAL TO LEARN THOSE RIGHTS.

1. YOU MUST BE TOLD IF INFORMATION IN YOUR FILE HAS BEEN USED AGAINST YOU. ANYONE WHO USES INFORMATION FROM A CRA TO TAKE ACTION AGAINST YOU – SUCH AS DENYING AN APPLICATION FOR CREDIT, INSURANCE, OR EMPLOYMENT – MUST TELL YOU, AND GIVE YOU THE NAME, ADDRESS, AND PHONE NUMBER OF THE CRA THAT PROVIDED THE CONSUMER REPORT.
2. YOU CAN FIND OUT WHAT IS IN YOUR FILE. AT YOUR REQUEST, A CRA MUST GIVE YOU THE INFORMATION IN YOUR FILE, AND A LIST OF EVERYONE WHO HAS REQUESTED IT RECENTLY. THERE IS NO CHARGE FOR THE REPORT IF A PERSON HAS TAKEN ACTION AGAINST YOU BECAUSE OF INFORMATION SUPPLIED BY THE CRA, IF YOU REQUEST THE REPORT WITHIN 60 DAYS OF RECEIVING NOTICE OF THE ACTION. YOU ARE ALSO ENTITLED TO ONE FREE REPORT EVERY TWELVE MONTHS UPON REQUEST IF YOU CERTIFY THAT (1) YOU ARE UNEMPLOYED AND PLAN TO SEEK EMPLOYMENT WITHIN 60 DAYS, (2) YOU ARE ON WELFARE, OR (3) YOUR REPORT IS INACCURATE DUE TO FRAUD. OTHERWISE, A CRA MAY CHARGE YOU UP TO EIGHT DOLLARS.
3. YOU CAN DISPUTE INACCURATE INFORMATION WITH THE CRA. IF YOU TELL A CRA THAT YOUR FILE CONTAINS INACCURATE INFORMATION, THE CRA MUST INVESTIGATE THE ITEMS (USUALLY WITHIN 30 DAYS) BY PRESENTING TO ITS INFORMATION SOURCE ALL RELEVANT EVIDENCE YOU SUBMIT, UNLESS YOUR DISPUTE IS FRIVOLOUS. THE SOURCE MUST REVIEW YOUR EVIDENCE AND REPORT ITS FINDINGS TO THE CRA. (THE SOURCE ALSO MUST ADVISE NATIONAL CRA’S – TO WHICH IT HAS PROVIDED THE DATA – OF ANY ERROR.) THE CRA MUST GIVE YOU A WRITTEN REPORT OF THE INVESTIGATION AND A COPY OF YOUR REPORT IF THE INVESTIGATION RESULTS IN ANY CHANGE. IF THE CRA’S INVESTIGATION DOES NOT RESOLVE THE DISPUTE, YOU MAY ADD A BRIEF STATEMENT TO YOUR FILE. THE CRA MUST NORMALLY INCLUDE A SUMMARY OF YOUR STATEMENT IN FUTURE REPORTS. IF AN ITEM IS DELETED OR A DISPUTE STATEMENT IS FILED, YOU MAY ASK THAT ANYONE WHO HAS RECENTLY RECEIVED YOUR REPORT BE NOTIFIED OF THE CHANGE.
4. INACCURATE INFORMATION MUST BE CORRECTED OR DELETED. A CRA MUST REMOVE OR CORRECT INACCURATE OR UNVERIFIED INFORMATION FROM ITS FILES, USUALLY WITHIN 30 DAYS AFTER YOU DISPUTE IT. HOWEVER, THE CRA IS NOT REQUIRED TO REMOVE ACCURATE DATA FROM YOUR FILE UNLESS IT IS OUTDATED (AS DESCRIBED BELOW) OR CANNOT BE VERIFIED. IF YOUR DISPUTE RESULTS IN ANY CHANGE TO YOUR REPORT, THE CRA CANNOT

REINSERT INTO YOUR FILE A DISPUTED ITEM UNLESS THE INFORMATION SOURCE VERIFIES ITS ACCURACY AND COMPLETENESS. IN ADDITION, THE CRA MUST GIVE YOU A WRITTEN NOTICE TELLING YOU IT HAS REINSERTED THE ITEM. THE NOTICE MUST INCLUDE THE NAME, ADDRESS, AND PHONE NUMBER OF THE INFORMATION SOURCE.

5. YOU CAN DISPUTE INACCURATE ITEMS WITH THE SOURCE OF THE INFORMATION. IF YOU TELL ANYONE – SUCH AS A CREDITOR WHO REPORTS TO THE CRA – THAT YOU DISPUTE AN ITEM, THEY MAY NOT THEN REPORT THE INFORMATION TO A CRA WITHOUT INCLUDING A NOTICE OF YOUR DISPUTE. IN ADDITION, ONCE YOU HAVE NOTIFIED THE SOURCE OF THE ERROR IN WRITING, IT MAY NOT CONTINUE TO REPORT THE INFORMATION IF IT IS, IN FACT, AN ERROR.
6. OUTDATED INFORMATION MAY NOT BE REPORTED. IN MOST CASES, A CRA MAY NOT REPORT NEGATIVE INFORMATION THAT IS MORE THAN SEVEN YEARS OLD, TEN YEARS FOR BANKRUPTCIES.
7. ACCESS TO YOUR FILE IS LIMITED. A CRA MAY PROVIDE INFORMATION ABOUT YOU ONLY TO PEOPLE WITH A NEED RECOGNIZED BY THE FCRA – USUALLY TO CONSIDER AN APPLICATION WITH A CREDITOR, INSURER, EMPLOYER, LANDLORD, OR OTHER BUSINESS.
8. YOUR CONSENT IS REQUIRED FOR REPORTS THAT ARE PROVIDED TO EMPLOYERS, OR REPORTS THAT CONTAIN MEDICAL INFORMATION. A CRA MAY NOT GIVE OUT INFORMATION ABOUT YOU TO YOUR EMPLOYER, OR PROSPECTIVE EMPLOYER, WITHOUT YOUR WRITTEN CONSENT. A CRA MAY NOT REPORT MEDICAL INFORMATION ABOUT YOU TO CREDITORS, INSURERS, OR EMPLOYERS WITHOUT YOUR PERMISSION.
9. YOU MAY CHOOSE TO EXCLUDE YOUR NAME FROM CRA LISTS FOR UNSOLICITED CREDIT AND INSURANCE OFFERS. CREDITORS AND INSURERS MAY USE FILE INFORMATION AS THE BASIS FOR SENDING YOU UNSOLICITED OFFERS OF CREDIT OR INSURANCE. SUCH OFFERS INCLUDE A TOLL FREE NUMBER FOR YOU TO CALL IF YOU WANT YOUR NAME AND ADDRESS REMOVED FROM FUTURE LISTS. IF YOU CALL, YOU MUST BE KEPT OFF THE LISTS FOR TWO YEARS. IF YOU REQUEST, COMPLETE, AND RETURN THE CRA FORM PROVIDED FOR THIS PURPOSE, YOU MUST BE TAKEN OFF THE LISTS INDEFINITELY.

FEDERAL AGENCIES THAT ENFORCE THE FAIR CREDIT REPORTING ACT (FCRA)

The FCRA gives a number of different federal agencies authority to enforce the FCRA. Following is a list of many of these federal agencies, and in which subject matter they may be able to enforce the FCRA.

<p>PLEASE CONTACT:</p>	<p>FOR QUESTIONS, CONCERNS, & FORMAL COMPLAINTS REGARDING...</p>
<p>Federal Trade Commission (FTC) Consumer Response Center - FCRA Washington, DC 20580 877-382-4357 / 202-326-3761</p>	<p>Credit Reporting Agencies (CRAs), creditors, and others not listed below</p>
<p>Office of the Controller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 800-613-6743</p>	<p>National banks, federal branches/agencies of foreign banks (word "National" or initials "NA" appear in or after bank's name)</p>
<p>Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693</p>	<p>Federal Reserve System member banks, (except national banks, and federal branches/agencies of foreign banks)</p>
<p>Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929</p>	<p>Savings Associations and federally chartered savings banks (word "Federal" or initials FSB" appear in federal institution's name)</p>
<p>National Credit Union Administration (NCUA) 1775 Duke Street Alexandria, VA 22314 703-519-4600</p>	<p>Federal credit unions (words "Federal Credit Union" appear in institution's name)</p>
<p>Federal Deposit Insurance Corporation (FDIC) Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 877-275-3342 / 800-934-FDIC</p>	<p>State-charted banks that are not members of the Federal Reserve System</p>
<p>Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306</p>	<p>Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission</p>
<p>Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-702-7051</p>	<p>Activities subject to Packers and Stockyards Act, 1921</p>